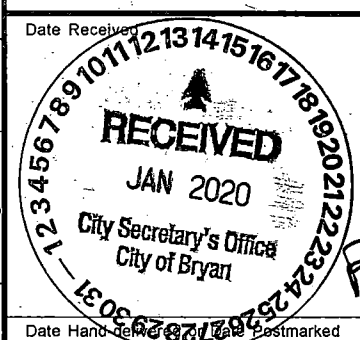


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:35%; border-bottom: 1px solid black;">FIRST</td> <td style="width:15%; border-bottom: 1px solid black;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Mr</td> <td style="border-bottom: 1px solid black;">Patrick</td> <td style="border-bottom: 1px solid black;">Lee</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">Giammalva</td> <td></td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Mr	Patrick	Lee		NICKNAME	LAST	SUFFIX			Giammalva			<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Date Received  </div>
MS / MRS / MR	FIRST	MI																	
Mr	Patrick	Lee																	
NICKNAME	LAST	SUFFIX																	
	Giammalva																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">ADDRESS / PO BOX;</td> <td style="width:25%; border-bottom: 1px solid black;">APT / SUITE #;</td> <td style="width:25%; border-bottom: 1px solid black;">CITY;</td> <td style="width:25%; border-bottom: 1px solid black;">STATE;</td> <td style="width:20%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black;">213 Fairway Dr Bryan TX 77801</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	213 Fairway Dr Bryan TX 77801					<div style="border: 1px solid black; padding: 5px;"> Date Hand-delivered _____ Date Postmarked _____ </div>						
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE															
213 Fairway Dr Bryan TX 77801																			
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:35%; border-bottom: 1px solid black;">EXTENSION</td> </tr> <tr> <td style="border-bottom: 1px solid black;">()</td> <td style="border-bottom: 1px solid black;">979 412 0251</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	()	979 412 0251		<div style="border: 1px solid black; padding: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged					
AREA CODE	PHONE NUMBER	EXTENSION																	
()	979 412 0251																		
Receipt #	Amount \$																		
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:35%; border-bottom: 1px solid black;">FIRST</td> <td style="width:15%; border-bottom: 1px solid black;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">same as the candidate</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		same as the candidate				NICKNAME	LAST	SUFFIX						
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same as the candidate																			
NICKNAME	LAST	SUFFIX																	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; border-bottom: 1px solid black;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; border-bottom: 1px solid black;">APT / SUITE #;</td> <td style="width:20%; border-bottom: 1px solid black;">CITY;</td> <td style="width:10%; border-bottom: 1px solid black;">STATE;</td> <td style="width:10%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black;"></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE											
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input checked="" type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:25%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">26</td> <td style="text-align: center;">2019</td> <td></td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2019</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	10	26	2019		12	31	2019		
Month	Day	Year	THROUGH	Month	Day	Year													
10	26	2019		12	31	2019													
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;">ELECTION DATE</td> <td style="width:60%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Month Day Year</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">11 05 2019</td> <td></td> </tr> </table> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> <td style="width:50%; vertical-align: top;"> <div style="border: 1px solid black; padding: 5px;"> ELECTION TYPE <input type="checkbox"/> Other Description </div> </td> </tr> </table>			ELECTION DATE		Month Day Year		11 05 2019		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	<div style="border: 1px solid black; padding: 5px;"> ELECTION TYPE <input type="checkbox"/> Other Description </div>								
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12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">OFFICE HELD (if any)</td> <td style="width:50%; border-bottom: 1px solid black;">13 OFFICE SOUGHT (if known)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Mayor City of Bryan Texas</td> </tr> </table>			OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		Mayor City of Bryan Texas												
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	Mayor City of Bryan Texas																		

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Patrick Lee Giammalva **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

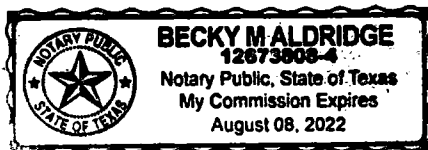
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ NONE
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ NONE
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ NONE
	4. TOTAL POLITICAL EXPENDITURES	\$ 2294.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ None
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2278.78

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Patrick Lee Giammalva

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said PATRICK GIAMMALVA, this the 14th day of JANUARY, 2020, to certify which, witness my hand and seal of office.

Becky M. Aldridge

Signature of officer administering oath

Printed name of officer administering oath

NOTARY

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Patrick Lee Giammalva		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$1,700.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$640.96
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ \$594.96
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Patrick Lee Giammalva	3 Filer ID (Ethics Commission Filers)
4 Date 11/06/2019	5 Payee name Visa First National Bank Omaha	
6 Amount (\$) \$1700.00	7 Payee address; City; State; Zip Code PO BOX 2557 OMAHA, NE 68103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description as reported
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4/6

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1		2 FILER NAME Patrick Lee Giammalva		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$				
5 Date 10/30/2019		6 Payee name Tharps Printing						
7 Amount (\$) \$16.96		8 Payee address; City; State; Zip Code 2609 S College AV Bryan TX 77801						
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political						
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Ad Exp - Business Cards		(b) Description Business Cards				
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 10/30/2019		Payee name Bryan Broadcasting Corp(WTAW) 979 695 9595						
Amount (\$) \$624.00		Payee address; City; State; Zip Code 2700 E Earl Rudder FWY Suite 5000 College Station TX 77845						
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political						
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Ad Expense - WTAW		Description Radio Ads				
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

5/6

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense. Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: /	2 FILER NAME Patrick Lee Giammalva	3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2019	5 Payee name Visa First National Bank Omaha	
6 Amount (\$) \$594.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO BOX 2557 OMAHA, NE 68103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description as reported
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

6/6